BREATH AECOHOL PROGRAM

Complete this rep is repaired. Send	ort in duplicate at the t copy to Department of	ime of the regula Health; retain or	r monthly	preventive mai		whenever instrylinent 3 2009
DATAMASTER S	N: Bates City Pol	ice Dept.		201247	DATE 013-0	OF INSPESTIONATE HEALTH
LOCATION OF IN	STRUMENT (STREET	AND CITY)				OF INSPECTION
ZUS N. Z	<sup>nd</sup> Street, Bate	es City, Mi	ssoui	i 64011		2010
In observed value	se a check (v ) to the less where determined.) L	ift of each item if Inchecked items	found to to must be c	e satisfactory or	if operating within	established limits. (Write
				onected pelote	using instrument.	
M DIAGNOSTIC	CHECK (PRINTOUT	ATTACHED) OK				
☐ ☑ COMPUTE	<b>n</b>			(**** <u>***</u>		
E COMPOTE				DETEC	TOR	
☑ PROGRAM				FILTER	10	
			• • •	un icien		
☑ HEATERS	SAMPLE CHAMBER	<u>49</u> °C		☑ QUART	Z STANDARD	
( <del>-</del> 2			, , ,			
☑ FLOW DET	ECTOR	-10-		Z CALIBE	RATION	
☑ PUMP HIGH	l enern			[7]		
au own mor	IOPEED			☑ PRINT	ER	
☑ INDICATOR LIC	ЭНТЅ ОК					
TIME AND DAT	EOK					
[7] ONUY 4707 T	<b></b>					
E CALIBRA	EMPERATURE (34°C	± 0.2°C) 34 °				
CALIBRATION CHECK — Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used.						
(PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)  ☑ 0.100% STANDARD — MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE						
	DIDGUIS STANDAR	D-NUST REAL	JETVE	EN 0.036% and	<del>0.042% Not Lenk</del> a	
	(ONLY ONE	STANDARD IS TO	BE USED	PER MAINTENA	NCE REPORT)	
TEST 1	.096%	TEST 2		097%	TEST 3	.097%
☑ PERFORM R F	I. TEST (PRINTOUT A	TTACHED)				
MUMBER OF R	EFUSALS, SINCE LAS	T MAINTENANC	E REPO	ST AND NUMB	ER OF RREATH TO	STS IN EACH RANGE AS
FOLLOWS:	,	(DO NOT INCL	UDE SIM	ULATOR TESTS	s)	STO IN EACH RAINGE AS
REFUSALS 0	(004) <b>0</b>	(.0509) <b>0</b>	1,40	40.4	1	
List any new parts and	describe any alteration of	modification that v	(.10- vas made l	.14) 1 o restore the instru	(.1519) 0	(Over .19) <b>0</b>
ond wan established ill	mis (use other side if nec	essary)				-
Instrument is operating within Department of Health specifications.						
MFG. DATE: 08-11-08 LOT NO: #08280 BOTTLE NO: #501 EXP. DATE: 08-11-09						
MFG. CO: Guth Laboratories, Inc.						
			·		<del></del>	
NSPECTING OFFIC	ER STATE					
SIGNATURE 4.985			PRINT NAME			
YPE II PERMIT NUMBER/EXPIRATION DATE				Shawn M. Gillenwater, #985		
920040 - 02/24/2011				TELEPHONE NUMBER (816) 690-6575		
IO 580-1468 (9-94)	·	QUAL OPPORTUN	OTV/ACIDE	MATTER LOTTON	(876)	
.0 500 1 105 (5-54)	Auv i	ACMPOLICE FOR	43 1 1 1 1 1 2 1 1 1 1 1 1	MALIVE ACTION	LEMPLATYER	Lab-1

services provided on a nondiscriminatory basis



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 08280 of Alcohol Reference Solution for Simulator were inalyzed by gas chromatography and found to contain 0.1212 percent (w/vol) ethyl alcohol. The expiration date for this lot number is August 11, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

#### Face This Side Down - This Edge In First

# **BAC DataMaster**Evidence Ticket

#### STATE OF MISSOURI BATES CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201247 06/03/09 20:27

#### --- DIAGNOSTIC CHECK ---

ÜKAY

COMPUTER:

PROGRAM: OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKRY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&' $\langle$ '\\*+,-./@123456789:; $\langle$ =\?@ABCDEFG HIJKLMMOPQRSTUVWXYZ[ $\setminus$ ]^\_'abcdefghijklmno pqrstuvwxyz{ $\{1\}$ +

Operator Signature

Printed on recycled paper with agri-based links

CMSU 2:108-02

#### Face This Side Down - This Edge In First

### **BAC DataMaster** Evidence Ticket

STATE OF MISSOURI BATES CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201247 06/03/09

ARREST TIME: 20:00 SUBJECT NAME: FROST/JACK DOB: 12/12/22 STATE/D.L.: MO/122535 ARRESTING OFFICER: **GILLENWATER/SHAWN/M** OFFICER I.D.: 985 TESTING OFFICER: GILLENWATER/SHOWN/M OFFICER 1.D.: 985 PERMIT NUMBER: 980040 EXPIRATION DATE: 02/24/11 MISCELLANEOUS DATA: RFI CHECK

#### --- BREATH ANALYSIS ---

. BLANK TEST INTERNAL STANDARD

. ପଡ଼ିଆ

20:42

VERIFIED 20:43

RADIO INTERFERENCE

Operator Signature\_

Printed on recycled paper with agri-based inks

CMSL 2208-02

#### Face This Side Down - This Edge In First .

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI BATES CITY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201247 06/03/09

TESTING OFFICER:
GILLENWATER/SHAWN/M
OFFICER 1.D.: 985
PERMIT NUMBER: 920040
EXPIRATION DATE: 02/24/11
MISCELLANEOUS DATA:

#### --- SUPERVISOR MODE ---

BLANK TEST	. 668	20:31
INTERNAL STANDARD	VERIF1ED	20:31
EXTERNAL STANDARD	. 096	20:31
BLANK TEST	, ese	26:32
EXTERNAL STANDARD	.097	20:32
BLANK TEST /	. 089	20:33
EXTERNAL STANDARD	.097	20:34
BLANK TEST	.000	20:34

.N = 3 SIM. = .1. AVG. = .0966

Operator Signature\_

Printed on recycled paper with agri-based links

CMSU 2208-02

## State of Missouri DEPARTMENT OF HEALTH



## PERMIT TYPE II



Leb. 4 (87-88)

### SHAWN M GILLENWATER

	and supervise operators, train instructors, inspect operate the following breath analyzer(s):					
DATAMASTER						
	ic content of blood from a sample of expired (aiveolar) sections 577.020 through 577.041, RSMo 1988.					
Date _02/24/09	John of Mathewson					
920040	Director of State Public Health Laboratory					

02/24/2011

Director, Department of Health